HAND DELIVERED

UNITED STATES HOUSE OF REPRESENTATIVES 2018 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, and Employees	2017 15 Principle of A
		Was fund Office Use Only)
Name: Albid Sires Di	Daytime Telephone: 302-336-7919	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER Member of the U.S. State: U.S. State: 1.5	Officer or Employing Office: Employee KAP ALL	ploying Office: Staff Filer Type: (If Applicable) Charlest Shared Principal Assistant
TYPE 2018 Annual (Due: May 15, 2019)	Amendment Termination Date of Termination:	nination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	UESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	rrangement with an Yes No
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	No G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period?	ild receive any ue from a single Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes Ves	No H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period?	ild receive any Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes lability (more than \$10,000) at any point during the reporting period?	No lieu of paying you for a speech, appearance, or article during the reporting period?	article during the Yes No
E. Did you hold any reportable positions during the reporting period or Yes in the current calendar year up through the date of filing?	E CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR	DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS	F THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Mering during the reporting period? If you answered "yes" to this qu	estion, please Yes 🔲 No 🗹
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Ethics and certain other "excepted trusts" need not be disclosed. Ha	ave you excluded Yes No
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	me, transactions, or liabilities of a spouse or your dependent child because they meet the Committee on Ethics.	ecause they meet Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDOLE A - ASSETS	SCHEDOLE A - ASSETS & UNEARNED INCOME.	Name: Albid SIRES	S Page 2 0	
BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	Amount of Income	BLOCK E Transaction
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period,	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.			
	used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets had by your spouse or dependent child in which	ocy accounts), you may crieck the column. Dividends, interest, and capital if reinvested, must be disclosed as assets held in taxable accounts. Check asset generated no income during the renormal columns.		
Provide complete names of stocks and mutual funds (do not use only ticker symbols).	you have no interest.	4	*Column XII is for assets held by your spouse or dependent child in which you have no interest.	
For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	> B C D E F G H - J X L X			1
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.				Leave this column blank if there are no transactions that exceeded \$1,000.
For rental and other real property held for investment provide a complete address or description, e.g., rental property, and a city and state.				
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.				
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.		Farm Income)	\$1,000,000*	
If you report a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	000,000*		ome over (
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the larteft.	0,000 00,000 250,000 500,000 1,000,000 -\$5,000,000 -\$25,000,000	SAINS D/BLIND TRUS'	500 ,000 ,000 0,000 00,000 1,000,000 -\$5,000,000	
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	\$25,000,00 Over \$50,00	TAX-DEFE	Over \$5,000	P, S, S(part), or E
SP, Mega Corp. Slock EIF	×	×	×	S(part)
Examples:	{ndefinite	Royaltes	×	
ABC Hedge Fund X	×	Partnership Income	×	
TD BANK-Checking	×	X	*	
SP Merri Lynch-Chedib	*	*	*	
*"""A	*	*	*	
SP PFIZEL	×	*	×	
SP CONOCU PAINT	7			

Name:
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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														COLORD TAILLY	4	ASSET NAME		Assets and/or Income Sources	BLOCK A
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				_													None >		
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							Γ										\$1,001-\$15,000		
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\vdash		_									 			_			\$1,000,001-\$5,000,000	<u> </u>	
				<u> </u>		-		-		<u> </u>					_		\$5,000,001-\$25,000,000		
						-	-			-	-			┢	_		\$25,000,001-\$50,000,000 ~		
-				 -					<u> </u>		ļ		 	 			Over \$50,000,000		
				<u> </u>	-				_			_	 	<u> </u>			Spouse/DC Asset over \$1,000,000*		
						-				-		-	_	_	_	 	NONE		
											_		-	-	-		DIVIDENDS		
Н								┢							-		RENT		
Н				 	-				-			<u> </u>	 				INTEREST	ⅎ	
Н											<u> </u>		-	7			CAPITAL GAINS •	ype	찙
Н				_			-	 	_	_	_		-	Ė	_		EXCEPTED/BLIND TRUST	of in	BLOCK C
				<u> </u>				-				_			_	<u> </u>	TAX-DEFERRED	Type of Income	ô
																	Other Type of Income (Specify e.g., Partnership Income or Farm Income)		
																	None		
																	\$1-\$200 =		
																	\$201-\$1,000 =		
																	\$1,001-\$2,500 >	>	
																	\$2,501-\$5,000 <	. mo	
														*			\$5,001-\$15,000 <u>≤</u>	Ħ	6
																	\$15,001-\$50,000 <u>≤</u>	Amount of Income	BLOCK D
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																	\$1,000,001-\$5,000,000 ×		
						ļ	ļ										Over \$5,000,000 ≥		
																	Spouse/DC Asset with Income over \$1,090,000° ≚		
																	P, S, S(part), or E	Transaction	BLOCK E

SCHEDULE B - TRANSACTIONS

Page 4 of 9

											think couch to	SP Example Mega Corp. Stock	SP, DC, JT Asset	Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. *Column K is for assets solely held by your spouse or dependent child.	dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction.	Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your
														gain in excess of \$200, x-deferred account, and ndent child.	Include transactions that reaching transaction, render children, or the traited tental income. If at sale" as the type of	exceeded \$1,000 in the
														Purchase		۱,
											×			Sale		Type of Transaction
												×		Partial Sale	, w , ,	ransac
ľ					 									Exchange		tion
-											×	×		Check Box if C	apital Garn Exceede	kd .
-											30K 9 1805	3/9/18		weddy, if applicable	(MO/DAYR) or Quarterly,	Date
ľ														\$1,001- \$15,000	>	
					 	-			 		۲	×		\$15,001- \$50,000	σ.	
ľ														\$50,001- \$100,000	n	
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														\$500,001- \$1,000,000	ті	
														\$1,000,001- \$5,000,000	၈	Transaction
														\$5,000,001- \$25,000,000	Ξ]S
														\$25,000,001- \$50,000,000	_	
														Over \$50,000,0	00 _	
														Over \$1,000,00 (Spouse/DC As		

SCHEDULE C - EARNED INCOME

Name: Albid SIRES Page 6 of a

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					West New York BOARD OF ED	11.3. STate Pension	EXAMIPLES: Civil War Roundlable (Oct. 2) Onlario County Board of Education	Keene State State of Manyland	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the 'senior staff' rate In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited
					od (spta Persian)				or honoraria)	ed income for Members and employees compensate yments for professional services involving a fiduciary
					350MG	NJ. Pension	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	ad at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. y relationship) are totally prohibited.
					ρ/A	38,170	\$1,000 N/A	\$6,000 \$18,000	Amount	\$28,050. The 2019 limit is \$28,440.

SCHEDULE D - LIABILITIES

Name: Page_ 2 ة ا

you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child. Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless

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	BAT MY	What was	Example	.,, ., ., ., ., ., .,		
	but myous, Hourdan Five Bunc 11/14	Wast weapon to T. Everbour	First Bank of Wilmington, DE	Creditor		
	11/14	4/96	5/16	Date Liability Incurred MO/YR		
	Noctgase	Mortgage	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
				\$15,001- \$50,000	CD .	
				\$50,001- \$100,000	n	
	×		×	\$100,001- \$250,000	0	
		*		\$250,001- \$500,000	т	Amount of Liability
				\$500,001- \$1,000,000	π	ofLia
				\$1,000,001- \$5,000,000	o	bility
				\$5,000,001- \$25,000,000	x	
				\$25,000,001- \$50,000,000	-	
	-			Over \$50,000,000	۲.	-
1				Over \$1,000,000* (Spouse/DC Liability)	*	1

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude:

Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and nositions solve of an honorary nature.

Position	Position Name of Organization

SCHEDULE F - AGREEMENTS

Name	Name: Alhin	Alhia Sipos	Page 7 of 9
eement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	to: future employment; a leav	it; a leave of absence during the period c	if government service;
then the HO assessment as entire anticipation in an applicable as the office of the desired has former		a an amalawa walfara as basafi alaa	intrinced true forman

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	ν/θ	

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Etrics)	\$400
	N/A		

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

	Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
	Government of China (MECEA)	Aug. 6-11	DC-Bejing, China-DC	~	٧	2
Examples.	Habitat for Humanity (charity fundrásea)	Mar. 3-4	DC-Bostor-DC	γ	Y	۲
				į		
	NA					

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

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			N/α		Examples: Association of American Associations, Washington, UC Speech XYZ Magazine Article		List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.	
					+eb, 2, 2018 Aug. 13, 2018	Date	iization in lieu of paying an hor	•
					\$2,000 \$500	Amount	norarium to you. A separate	